

Sam 2778
[Signature]



In re Application of:

DAISUKE YOSHIDA ET AL.

Application No.: 08/953,719

Filed: October 17, 1997

For: MATRIX SUBSTRATE, LIQUID CRYSTAL
 DEVICE EMPLOYING THE MATRIX SUBSTRATE,
 AND DISPLAY APPARATUS EMPLOYING THE
 LIQUID CRYSTAL DEVICE

Docket No. 35.C12338

Examiner: Jeff Piziali

Group Art Unit: 2778

Date: February 24, 2000

RECEIVED
 MAR - 1 2000
 TC 2700 MAIL ROOM

THE ASSISTANT COMMISSIONER FOR PATENTS
 Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 46	MINUS	** 37	= 9	x \$9 \$18	\$162.00
INDEP. CLAIMS	* 4	MINUS	*** 3	=	x \$39 \$78	\$78.00
Fee for Multiple Dependent claims \$130°/\$260						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$240.00

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

☒ A check in the amount of \$ 240.00 is enclosed.

☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.


☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Assistant Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

☒ A check in the amount of \$ 870.00 to cover the fee for a three month extension is enclosed.

☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicants
Registration No. 31865

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200

NY_MAIN 63629 v1